| FPPC Form 460 (January/05)<br>FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)<br>State of California | te, State Measure Proponent<br>FPPC Toll-Free Help! | Signature of Controlling Officeholder, Candidate, State Measure Proponent<br>FPP       | 5   | Date   |       |
|---|---|--|---|--|-------|
| ļ   | ie, State Measure Proponent                         | Signature of Controlling Officeholder, Candidate, State Measure Proponent              | B (   | Executed on  |       |
| ı   | ponsor  | f Numark<br>Signature of Controlling Officehold  | 읉   | Executed on 01/19/2011  Date   |       |
| 1   |   | (ee  | By Kinde Durkee   | Executed on 01/19/2011  Date   |       |
| chedules is true and complete. I certify  | chedules  | wedge the i  | s statement and to the best of my kno<br>tthe foregoing is true and correct.    | I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  | 4:    |
|   |   | OF HUNDE, FOX / E-WALL OUDINESS  |   | Visiting the state of the state | 1     |
|   |   |  |   | Burbank CA 91502   |       |
| E AREA CODE/PHONE   | STATE ZIP CODE                                      | V110   | AREA CODE/PHONE   | 1212 S Victory Blvd STATE ZIP CODE   |       |
|   |   | MAILING ADDRESS  | (818) 260-0669  | Torrance CA 90503  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX   |       |
| (010) 400-0003  | SURER, IF ANY                                       | NAME OF ASSISTANT TREASURER, IF ANY  | AREA CODE/PHONE   | CITY STATE ZIP CODE  |       |
|   |   | CITY   |   | STREET ADDRESS (NO P.O. BOX)   |       |
|   |   |  |   |  |       |
|   |   | NAME OF TREASURER Kinde Durkee   |   | COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Cliff Numark For Council 2010  |       |
|   |   | Treasurer(s)   | I.D. NUMBER<br>1319020  | Committee Information I.D. NL  | ယ     |
| u unit de Are   |   |  | Primarily Formed Candidate/<br>Officeholder Committee<br>(Also Complete Part 7) | Sponsored     Small Contributor Committee     Political Party/Central Committee  | Ì     |
| Supplemental Preelection<br>Statement - Attach Form 495   | ation)  | ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below) | Controlled Sponsored Also Complete Part 6)                                      | Also Complete Part 5)  Also Complete Part 5)  Also Complete Part 5)  Also Complete Part 5)   |       |
| Quarterly Statement<br>Special Odd-Year Report  | ent it  |  | Primarily Formed Ballot Measure<br>Committee                                    | ▼ Officeholder, Candidate Controlled Committee ☐ Prima ○ State Candidate Election Committee Committee  |       |
|   | ŀ   | 2. Type of Statement:  | ete Parts 1, 2, 3, and 4.   | Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.   |       |
|   | country 16  | 06/08/2010   | through12/31/2010   | SEE INSTRUCTIONS ON REVERSE th   | SE    |
| Page 1 of 5  For Official Use Only  |   | Date of election if applicable: (Month, Day, Year)                                     | Statement covers period from 07/01/2010   | fre  |       |
| FORM  | 2011 JAN 31 PH 1: 04                                | 2011   |   | Cover Page (Government Code Sections 84200-84216.5)  | ଜି ପ  |
| CALIFORNIA 460  | FIECE Stamp   | ink,   | Type or print in ink  | Recipient Committee<br>Campaign Statement  | ဂ္ဂ ည |

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of 5

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|---|------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|---|---------------|---|---|--|---|---|--|
|   | COMMITTEE ADDRESS            | NAME OF TREASURER                 | COMMITIEE NAME                    | CITY                              | COMMITTEE ADDRESS                 | NAME OF TREASURER   | COMMITTEENAME | Related Committees I not included in this stateme contributions or make expe  |   | RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)                        | DFFICE SOUGHT OR HELD (IN City Council  | NAME OF OFFICEHOLDER OR CANDIDATE  Cliff Numark | Officeholder or Candi                          |
|   | STREET ADDRESS (NO P.O. BOX) |                                   |                                   | STATE ZIP CODE                    | STREET ADDRESS (NO P.O. BOX)      |   |               | Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy. | iorrance                                      | RESS (NO. AND STREET) CITY   | OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  City Council City of Torrance | CANDIDATE                                       | Officeholder or Candidate Controlled Committee |
|   | ×                            | CONTROLI                          | I.D. NUMBER                       | ODE                               |                                   | CONTROLI  | I.D. NUMBER   | tement:<br>r are prima<br>didacy.   | nce   | 7  | TNUMBER   | :   | ttee   |
|   |                              | CONTROLLED COMMITTEE?             | in R                              | AREA CODE/PHONE                   |                                   | CONTROLLED COMMITTEE?   | ER            | List any committees<br>wrily formed to receive  | CA 90503                                      | 111  | IF APPLICABLE)  |   |  |
|   |                              | NAME OF OFFICEHOLDER OR CANDIDATE | Primarily Formed Candidate) Officeholder Confidence List names or officeholder(s) or candidate(s) for which this committee is primarily formed. | _             | OFFICE SOUGHT OR HELD   | NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT | Identify the controlling offic                                       | BALLOTNO. OR LETTER   | NAME OF BALLOT MEASURE                          | 6. Primarily Formed Ballot                     |
|   |                              | ANDIDATE                          | ANDIDATE                          | ANDIDATE                          | ANDIDATE                          | for which the   |               |   | DIDATE, OR P                                  | eholder, ca  | JURISDICTION  |   | Measure  |
|   |                              | OFFICE 8                          | OFFICE S                          | OFFICE S                          | OFFICE S                          | is committe   |               |   | ROPONENT                                      | andidate, or   | ION   |   | ed Ballot Measure Committee                    |
|   |                              | OFFICE SOUGHT OR HELD             | ned Candidate/Officeficials Committee List candidate(s) for which this committee is primarily formed  |               | DISTRICT NO. IF ANY   |   | rolling officeholder, candidate, or state measure proponent, if any. |   |   | ee   |
|   |                              | SUPPORT OPPOSE                    | SUPPORT OPPOSE                    | SUPPORT OPPOSE                    | ☐ SUPPORT                         | d.  |               | ANY   |   | oponent, if any.   | SUPPORT<br>OPPOSE   |   | :  |

## Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded to whole dollars.

SUMMARY PAGE

| Summary Page  | to whole dollars.   | Stateme (   | Statement covers period 07/01/2010   | CALIFORNIA 460  |
|---|---|---|--|---|
| SEE INSTRUCTIONS ON REVERSE   |   | through   | 12/31/2010   | Page 3 of 5   |
| NAME OF FILER Cliff Numark For Council 2010   |   |   |  | I.D. NUMBER<br>1319020  |
| Contributions Received  | Colu<br>CALEND<br>TOTAL   |   | Calendar Year Summary for Candidates Running in Both the State Primary and General Elections   | Calendar Year Summary for Candidates<br>Running in Both the State Primary and<br>General Flections                                      |
| 1. Monetary Contributions   | \$ 0.00 \$ 221<br>\$ 0.00 \$ 221<br>0.00 \$ 221   | 0.00<br>2112.04<br>2112.04<br>2460.00                       | 2D. Contributions Received \$ 21. Expenditures   | 1/1 through 6/30 7/1 to Date  |
|   |   | -   |  |   |
| Expenditures Made       Schedule E, Line 4         6. Payments Made       Schedule H, Line 3         7. Loans Made       Add Lines 6 + 7         8. SUBTOTAL CASH PAYMENTS       Add Lines 6 + 7         9. Accrued Expenses (Unpaid Bills)       Schedule F, Line 3         10. Nonmonetary Adjustment       Schedule C, Line 3         11. TOTAL EXPENDITURES MADE       Add Lines 8 + 9 + 10 | \$ 612.00 \$ 498<br>0.00 \$ 498<br>0.00 \$ 498<br>0.00 \$ 523   | 49921.23<br>0.00<br>49921.23<br>0.00<br>2460.00<br>52381.23 | Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made (If Subject to Voluntary Expenditure Limit)  Date of Election Total to (mm/dd/yy) | re Limit Summary for State  S  Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Election Total to Date dd/yy) |
| Current Cash Statement  12. Beginning Cash Balance  | \$ 742.96  To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is | -   | *Amounts in this section m<br>reported in Column B.  | *Amounts in this section may be different from amounts reported in Column B.  |
| LOAN GUARANTEES RECEIVED  | 0.00 for this calend carry over the from Lines 2, any).   | amounts 7, and 9 (if  |  | EPPC Form 480 (January)   |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above   | \$ 0.00   |   | FDDC Toll-Free Helpling  | FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 868/ASK-FPPC /866/275-3772)   |

## Payments Made Schedule E

NAME OF FILER Cliff Numark For Council 2010

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded Type or print in ink. to whole dollars.

from Statement covers period 07/01/2010

SCHEDULEI

through 12/31/2010

Page 4 CALIFORNIA I.D. NUMBER 잌 Ç

1319020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

크胆물물끝 엉읩 SS € campaign paraphernalia/misc civic donations contribution (explain nonmonetary) campaign consultants fundraising events candidate filing/ballot fees campaign literature and mailings legal defense independent expenditure supporting/opposing others (explain)\* ဦ Щ member communications polling and survey research phone banks office expenses meetings and appearances petition circulating professional services (legal, accounting) postage, delivery and messenger services ᅙᅑᅑᅑᅖ radio airtime and production costs voter registration transfer between committees of the same candidate/sponsor candidate travel, lodging, and meals campaign workers' salaries returned contributions information technology costs (internet, e-mail) staff/spouse travel, lodging, and meals t.v. or cable airtime and production costs

| 436.95      | hedule D. SUBTOTAL\$     | arized on Sc | * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | * Payments that              |
|-------------|--------------------------|--------------|--|------------------------------|
| 334.42      |                          | PRO          | CA 91502   | 1212 S Victory BI<br>Burbank |
|             |                          |              | sociates   | Durkee & Associates          |
|             |                          |              | AZ 85072   | Phoenix                      |
| 9.13        |                          | WEB          | re Rd  | 1825 Buckeye Rd              |
|             |                          |              | erica  | Bank Of America              |
|             |                          |              | AZ 85072   | Phoenix                      |
| 93.40       |                          | WEB          | re Rd  | 1825 Buckeye Rd              |
|             |                          |              | erica  | Bank Of America              |
| AMOUNT PAID | R DESCRIPTION OF PAYMENT | CODE OR      | NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)                                     |                              |
|             |                          |              |  |                              |

## Schedule E Summary

- 1. Itemized payments made this period. (Include all Schedule E subtotals.)......
- 2. Unitemized payments made this period of under \$100 ......
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......(e).)
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ........

TOTAL \$

612.00

552.00

60.00

0.00

## Payments Made Schedule E (Continuation Sheet)

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Cliff Numark For Council 2010

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period

SCHEDULE E (CONT.)

from. through 12/31/2010 07/01/2010

CALIFORNIA FORM Page 5 of 5

1319020 I.D. NUMBER

| \$ 115.05                          | SUBTOTAL \$   | chedule D.  | * Payments that are contributions or independent expenditures must also be summarized on Schedule D  |
|------------------------------------|---|---|--|
|                                    |   |   |  |
|                                    |   |   |  |
|                                    |   |   |  |
| 25.05                              |   | PRO   | 1212 S Victory BI  Burbank  CA 91502   |
|                                    |   | r in  | Durkee & Associates  |
| 90.00                              |   | PRO   | 1212 S Victory BI  Burbank  CA 91502   |
|                                    |   |   | Durkee & Associates  |
| AMOUNT PAID                        | DESCRIPTION OF PAYMENT  | CODE OR   | NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  |
| s<br>ne candidate/sponsor<br>mail) | Otherwise, describe the payment.  RAD radio airlime and production costs  RFD returned contributions  SAL campaign workers' salaries  TEL t.v. or cable airlime and production costs  TRC candidate travel, lodging, and meals  TRS staff/spouse travel, lodging, and meals  TSF transfer between committees of the same candidate/sponsor  VOT voter registration  WEB information technology costs (internet, e-mail) | payment, you may enter the code. member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads | CODES: If one of the following codes accurately describes the payment, you may enter communications consultants.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FND candidate filing/ballot fees FND fundraising events FND independent expenditure supporting/opposing others (explain)*  LEG legal defense  CTB campaign literature and mailings  MBR member communications  MIC office expenses  PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and mess PRO professional services (legal |